6: Cipriani E-5 (1951-1953)1961 AZ2 Andamans AZ2
Onge

started slapping his hands on Toncootĕi's and exposing them intermittently to the fire. All this lasted over a quarter of an hour. The patient was then made to lie prone, with his legs spread out, to receive a foot massage as described above, for another quarter of an hour. Torso, feet and hands were worked over, with short pauses for artificial respiration by means of compression. Subsequently his back, and particularly the sacral region, was vigorously rubbed by willing hands and feet. Three men performed this operation. Toncootĕi was finally allowed to rest, between two fires kept burning all night. Sunrise found him alive, and the fever had abated, due, I think, to a good European laxative that I had persuaded him to take.

In March 1952, I witnessed a sad episode, followed by the death of the patient, near my Labanare camp. A young mother was suffering from breast rhagades. Her baby was less than a month old, and she was also suckling another child, almost two years old, who had sharp teeth. It is a frequent kindly habit of the Onge to adopt babies ; and it is customary to breast-feed them up to the age of four. Some interesting consequences arise out of this habit, but I shall not analyze them here. A minor detail : since they are allowed to suckle when they wish and are weaned so late, Onge children do not indulge in thumb sucking. Considerable reactions are spontaneously established between the two terminal parts of the digestive tube – oral and anal, as though in physiological conflict. Once more I affirm that the evidence of Onge sexual behaviour positively denies Freudian theories with regard to the sexual life of children. Furthermore, young anthropoids and primitive people behave identically in this respect.

The adopted baby gave the young mother nipple wounds that became infected and suppurated. For lack of proper care and in unhygienic surroundings, the infection spread to the rest of her body. I found her suffering terribly from pain in the breast, muscular spasm and high fever. The Onge had applied their usual external remedies to her body, from head to foot. Very tight bandages of ficus bark, renewed three times a day, were wrapped arounds legs, arms, trunk and abdomen. Bright red ochre – rare in Little Andaman and considered more effective because of its brilliant colour – was painted onto the afflicted breast. The poor young woman looked at me hopefully. I suggested her immediate removal to Port Blair Hospital, and sent radio messages from my camp to the Chief Commissioner, Mr. A. K. GHOSH. He responded generously by ordering a ship to call for the patient, but the journey was useless because her relations were opposed to displacing her. In March 1952 my friendship with the Onge was only starting ; this will explain their refusal to follow my advice. Without proper care, in a place like Little Andaman, the patient died four days after my arrival at the camp.

Prescription of medicines and treatments such as those described above is not determined by specialists. Everybody submits to treatment, with general approval, convinced of its effectiveness. Witch doctors do not exist and perhaps never existed in the Andamans. Nothing, then, is known by the Onge of the dances and exhibitions, commonly executed elsewhere for curative purposes, that influence the patient on a psychobiological basis. As they have